



INCAPACITY AND EXPEDITED MEDICAID PHYSICAL EVALUATION SERVICES

PROVIDER HANDBOOK

**Department of Social and Health Services
Economic Services Administration
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PREFACE

OUR MISSION

The mission of DSHS is to improve the quality of life for individuals and families in need. We will help people achieve safe, self-sufficient, healthy, and secure lives.

One way the Department of Social and Health Services meets this mission is through public assistance benefits. General Assistance-Unemployable (GAU) provides public assistance benefits to childless adults who are unable to work.

To be eligible for GAU, an adult has to be incapacitated from gainful employment by reason of bodily or mental infirmity that will likely continue for a minimum of ninety days. Eligibility for GAU must be based on “clear, objective medical evidence” [RCW 74.04.005].

The purpose of this handbook is to help health care professionals provide the information we need to make incapacity decisions and to help their patients obtain necessary financial and medical assistance.

DEFINITIONS

Basic Work-Related Activities	Sitting, standing, walking, lifting, handling, carrying, seeing, hearing, communicating, and understanding or following directions.
Community Services Office (CSO)	Department of Social and Health Services' field office.
Disability	A severe, medically determinable impairment that has lasted or is expected to last 12 months.
Duration	Length of time a medical condition is expected to exist at its current level of severity and functional limitation.
Effect on Functioning	The effect a medical condition has on a person's ability to perform basic work-related activities.
Incapacity	Inability to perform gainful work-related activities as a result of a physical, emotional, or mental impairment.
Maximum Allowable	Maximum dollar amount paid for specific medical services.
Medical Evidence Request Letter	DSHS request and authorization for payment for incapacity medical evaluation and testing.
Physician-Related Services Billing Instructions	Publication that lists the maximum allowable payment for covered diagnostic medical services.

OVERVIEW OF THE GAU PROGRAM

When a person applies for General Assistance-Unemployable (GAU):

1. DSHS determines if the person's income and resources are below the eligibility limit.
2. A social worker interviews the person to gather basic medical, social, and work history.
3. The social worker gives the person a Medical Evidence Request letter and Physical Evaluation form to take to a medical provider for medical records, exam and testing.
4. The Medical Evidence Request letter is authorization for payment for diagnostic medical services and evaluation. The Medical Evidence Request letter is **not** an authorization for treatment services.
5. The medical provider records all pertinent medical history, objective exam findings, lab results used to give a professional opinion concerning the person's claimed impairment(s), and level of functional limitations on the physical evaluation form or in a narrative report. The report is attached to a copy of the client's medical records or chart and sent to the CSO.
6. The social worker reviews the medical records and evaluation and requests any necessary additional information. The social worker may request assistance from a department medical consultant.
7. The social worker determines if the person meets Washington State incapacity criteria by evaluating the medical evidence. The social worker cannot determine incapacity without clear, **objective** medical evidence of the impairment and its effect on the person's ability to perform work related activities.
8. A client who meets the incapacity criteria receives financial and medical assistance until able to return to gainful employment.
9. The social worker will review the medical condition every twelve months or less, except in cases where the department determines the condition meets SSA disability criteria.

AUTHORIZED PROVIDERS

We accept medical evidence from the following sources:

1. For a physical impairment, we only accept reports from the following licensed medical professionals as primary evidence:
 - a. A physician;
 - b. An advanced registered nurse practitioner (ARNP) in the ARNP's area of certification;
 - c. The chief of medical administration of the Veterans' Administration, or their designee, as authorized in federal law; or
 - d. A physician assistant when the report is co-signed by the supervising physician.

2. For a mental impairment, we only accept reports from one of the following licensed professionals as primary evidence:
 - a. A psychiatrist;
 - b. A psychologist;
 - c. An advanced registered nurse practitioner when certified in psychiatric nursing;
 - d. A person who provides mental health services in a community mental health services agency and meets the minimum mental health professional qualifications set by them which consist of having a Master's degree and two years experience; or
 - e. The physician who is currently treating for a mental disorder.

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MEDICAL EVIDENCE REQUIREMENTS

Medical records and results of incapacity examinations are the primary source of information we use to decide if a person is capable of gainful employment. It is important for medical documentation to be timely, complete, and consistent with standard medical practice. The results of incapacity evaluations can be provided on DSHS 13-21, Physical Evaluation form, or in narrative format. Include the following information in an incapacity evaluation:

1. Patient name and date of birth;
2. Chief complaint or reason for the visit;
3. Medical history: Describe the date the condition began, response to treatment, and any hospitalizations;
4. Physical examination findings including vital signs, description and explanation of abnormal findings, and range of motion;
5. Attach all results of testing, special studies or procedures (lab work, x-rays, EKG, operative and pathology reports);
6. Assessment/Diagnosis with the severity of the diagnosed condition. Do not include diagnosis based only on the person's subjective complaints with no supporting objective findings. Basic work-related activities are sitting, standing, walking, lifting, handling, carrying, seeing, hearing, communicating, and understanding/following directions;

Rating	Severity of Impairment	Definition
1	No Impairment	No effect on ability to perform basic work-related activities.
2	Mild Impairment	No significant interference with the ability to perform basic work-related activities.
3	Moderate Impairment	Significant interference with the ability to perform one or more basic work-related activities.
4	Marked Impairment	Very significant interference with the ability to perform one or more basic work-related activities.
5	Severe Impairment	Inability to perform one or more basic work-related activities.

MEDICAL EVIDENCE REQUIREMENTS

7. History of drug and/or alcohol use.
8. Estimate how the medical condition affects the patient's overall ability to perform basic work-related activities.
9. Prognosis and estimate of how long the person will be limited to the listed severity and functional rating.
10. Medications, equipment, and/or supplies prescribed or provided.
11. Recommendations for additional testing or consultation.
12. Plan of treatment.
13. Name, title and signature of the person performing the service.
14. Date of service.
15. Attach copies of all medical records for the last six months including chart notes, clinic records, hospital summaries, radiology, pathology, or lab results.

MINIMUM OBJECTIVE FINDINGS

Minimum objective findings are needed before the social worker can determine if a person meets **Washington State** incapacity criteria. Below are minimum objective findings for selected impairments.

Anemia	Results of CBC; other diagnostic laboratory tests; frequency of any blood transfusions; exertional limitations and any resulting impairment of other body systems.
Back	Describe pain; give range of motion in degrees, especially for forward and lateral flexion and straight leg raising; evidence of paravertebral muscle spasm; results and interpretation of radiographic studies; describe ability to bend, sit, stand, and walk.
Cardio-vascular	Rate, rhythm, and heart sounds, evidence of vascular or pulmonary congestion, peripheral pulses; any peripheral edema, operative reports, results of EKG, Treadmill Stress test, or echocardiogram.
Diabetes Mellitus	Results of lab tests; describe end organ or vascular involvement, frequency of episodes of ketoacidosis or insulin reactions, degree of any peripheral neuropathy.
Gastrointestinal Disorders	Results of endoscopy, x-ray, biopsy or operative reports, hematocrit, frequency of bloody stools, evidence of complication, and frequency and duration of acute episodes.
HIV/AIDS	Result of HIV testing, CD4 count, presence of opportunistic infections, classification of the degree of advancement of disease, course of treatment and effect.
Hypertension	Results of serial blood pressure readings, describe end organ damage, chest x-ray and EKG readings.

MINIMUM OBJECTIVE FINDINGS

Joint/Connective Tissue Disorders	Clinical observations, including any joint deformity, signs of inflammation, range of motion in degrees, radiographic results, describe ability to use hands to grasp, grip, and manipulate objects and any joint deformity.
Liver Disease	Results of liver function tests, ultrasound, CT, MRI and/or endoscopy findings, evidence of ascites or history of esophageal bleeding.
Musculoskeletal Injury	Describe type of injury, location, extent of healing, residual range of motion in degrees, strength of affected area, x-ray results, and effect on ability to perform basic activities such as sitting, standing, walking, lifting, handling, and carrying.
Neoplastic Disease	Indicate if tumor is benign or malignant, course and side effects of treatment, and effect on other body systems. Attach the operative and pathology reports, records documenting staging or other studies, reports of x-rays, CT, MRI, or bone scans.
Neurological Disease	Describe motor function, reflex activity, any sensory deficits, weakness, atrophy, and need for assistive devices, and results of diagnostic studies.
Peripheral Vascular Disorders	Evidence of superficial varicosities, DVTs, edema, stasis dermatitis and ulceration; femoral and distal peripheral pulses with ankle/arm index; results of vascular surgery.
Pulmonary Disease	Results of chest x-ray and pulmonary function studies. For asthma, include frequency and severity of attacks, number of ER visits and hospitalizations.
Renal Disease	Results of lab tests including blood chemistries, CBC, urinalysis, and other studies. Document evidence of any edema and include blood pressure readings.

MINIMUM OBJECTIVE FINDINGS

Seizures

Describe type, frequency, duration and after-effects of seizure; include EEG findings and compliance with therapy.

Visual Impairments

Provide results of eye examination including Snellen Test results with best corrected vision for both eyes, and plotted peripheral visual fields, if necessary, or ophthalmological findings and interpretation.

BILLING AND PAYMENT

1. The department reimburses authorized providers for covered medical services they provide to eligible clients. Payment from the department is payment in full.
2. The social worker gives the client a Medical Evidence Request letter that is payment authorization for evaluation and diagnostic medical services.
 - a. Obtain prior authorization from the Community Services Office for non-routine testing or procedures.
 - b. This letter is not an authorization for treatment services.
3. The Community Services Office can not authorize payment for evaluation and diagnostic medical services until they receive a bill for the service. Bills for service must be received no later than 365 days after the date of service. The CSO only makes payment after the service is provided.
4. Payment for diagnostic procedures is based on Allowable Maximums found in Physician-Related Services Billing Instructions issued by the Medical Assistance Administration (MAA). We pay the usual and customary fee or the allowable maximum whichever is less.
5. Payment for examinations, evaluations, reports from records, and missed appointments is your usual and customary fee up to the maximum allowable in the following fee schedule.
6. Payment for a General or Comprehensive Physical Evaluation includes copies of chart notes.

Service Description	Maximum Payment
Medical Records/Report from Records <i>We pay up to \$15 for a clerical fee and sales tax when billed.</i>	\$.30 per page, with a maximum of 150 pages.
Narrative Summary from Records	\$31.00
General Physical Evaluation	\$130.00
Comprehensive Physical Evaluation <i>This service is usually performed by a specialist and involves more time and complex medical decision making than a general evaluation.</i>	\$150.00
Comprehensive Eye Exam	\$78.00
Missed Appointment or Cancellation without 24-Hour Notice	\$30.00
Special Report for Social Security Administration Hearing	\$15.00 per 15 minute increment, up to 3 hours maximum.